

WAIVER AND AGREEMENT

I agree to the following Congressional Award Program ("Program") rules and requirements:

- I will select the activities I will perform in order to earn an award or certificate.
- I will not attempt to perform any activity until I have made certain that I can perform it safely.
- No one is authorized by the Program to: (i) advise as to the safety of any activity, or as to whether I am prepared to perform it safely, or (ii) supervise or exercise any control or authority over me or any other participant.
- **I hereby release and hold harmless each of the individuals and legal entities involved in the Program from any and all liability of any kind for any injury I might suffer while performing any activity in connection with the Program.**
- Information about me and my participation in the Program may be publicized by the Program.
- This agreement shall remain in effect as long as I am participating in the Program.

Participant _____

Date _____

Signature _____

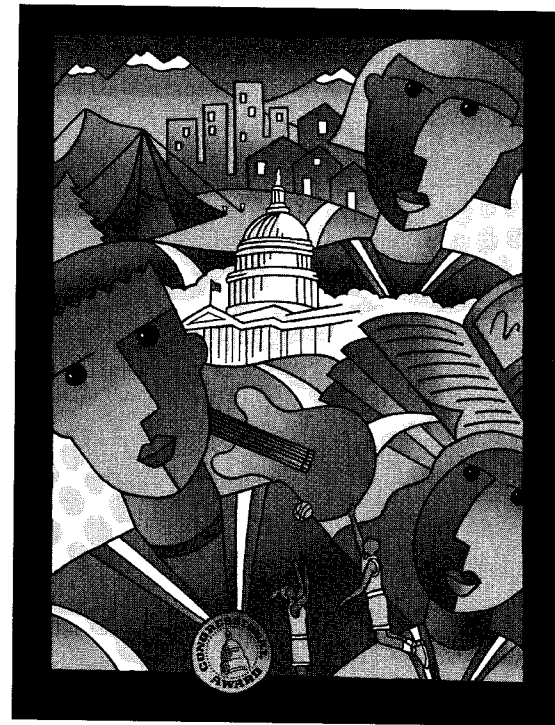
Parents/Guardians Acknowledgment*

We are the parents or legal guardians of The Congressional Award participant listed above. We have read the foregoing Waiver and Agreement and agree on behalf of ourselves and the participant to the terms thereof. We will assure ourselves that the participant is aware of the risks involved in each activity and we take full responsibility in lieu of the Program for each activity.

Name _____

Date _____

Signature _____



* Required for all candidates who are not considered adults under their state law — generally all who are under 18 years old.

The Congressional Award Record Book

Certificate _____ Medal _____
Bronze _____ Silver _____ Gold _____
Prior Awards: _____

Office use only:

Record Book

(Please print or type)

Name: _____

Address: _____ Phone: _____ (H)

_____ (W)

Attending School: Yes _____ No _____ Year of Study: _____

School: _____

Employed: Yes _____ No _____ If Yes Part-Time _____ Full-Time: _____

Employer: _____

My goals and requirements to earn a Congressional Award have been achieved as stated herein.

Signed: _____ Date: _____

What I have gained by participating in The Congressional Award: _____

ADVISOR INFORMATION:

Name: _____ E-mail: _____

Address: _____ Phone: _____ (H)

_____ (W)

Occupation: _____

I certify that the candidate established goals in accordance with program guidelines and has satisfactorily completed all goals and requirements for The Congressional Award.

Signed: _____ Date: _____

Advisor Signature

Advisor's comments concerning the candidate's participation in The Congressional Award:

Submit this six-page Record Book after you have achieved your goals and completed the required hours.

The Congressional Award Record Book

Candidate: _____

VALIDATION OF ACTIVITY HOURS VOLUNTARY PUBLIC SERVICE

Describe your goal: _____

Describe your activities to achieve your goal: _____

Describe what you learned: _____

Describe how others benefited (Voluntary Public Service): _____

How did you maintain a record of your activities?

☐ Journal ☐ Diary ☐ Time Sheets ☐ Photographs ☐ Other

Did you share these records with your validator?

Yes _____ No _____

Date begun: _____ Date completed: _____ Total hours: _____

Validator Comments: _____

Validator Information:

Name: _____

Address: _____ Phone: _____ (H)

E-mail: _____

Position: _____

I certify that the hours, activities and goal as stated above were completed by the candidate:

Signed: _____ Date: _____

Validator's Signature

Remember: If you have more than one goal, you must complete a separate sheet for each goal. No more than four goals are allowed in Voluntary Public Service and no more than 2 goals, each, in Personal Development and Physical Fitness.

The Congressional Award Record Book

Candidate: _____

VALIDATION OF ACTIVITY HOURS PERSONAL DEVELOPMENT

Describe your goal: _____

Describe your activities to achieve your goal: _____

Describe what you learned: _____

How did you maintain a record of your activities?

☐ Journal ☐ Diary ☐ Time Sheets ☐ Photographs ☐ Other

Did you share these records with your validator?

Yes _____ No _____

Date begun: _____ Date completed: _____ Total hours: _____

Validator Comments: _____

Validator Information:

Name: _____

Address: _____ Phone: _____ (H)

E-mail: _____

Position: _____

I certify that the hours, activities and goal as stated above were completed by the candidate:

Signed: _____ Date: _____

Validator's Signature

Remember: If you have more than one goal, you must complete a separate sheet for each goal. No more than four goals are allowed in Voluntary Public Service and no more than 2 goals, each, in Personal Development and Physical Fitness.

The Congressional Award Record Book

Candidate: _____

VALIDATION OF ACTIVITY HOURS

PHYSICAL FITNESS

Describe your goal: _____

Describe your activities to achieve your goal: _____

Describe what you learned or how your skill level changed: _____

How did you maintain a record of your activities?

☐ Journal ☐ Diary ☐ Time Sheets ☐ Photographs ☐ Other

Did you share these records with your validator?

Yes _____ No _____

Date begun: _____ Date completed: _____ Total hours: _____

Validator Comments: _____

Validator Information:

Name: _____

Address: _____ Phone: _____ (H)

E-mail: _____

Position: _____

I certify that the hours, activities and goal as stated above were completed by the candidate:

Signed: _____ Date: _____

Validator's Signature

Remember: If you have more than one goal, you must complete a separate sheet for each goal. No more than four goals are allowed in Voluntary Public Service and no more than 2 goals, each, in Personal Development and Physical Fitness.

The Congressional Award Record Book

Candidate: _____

VALIDATION OF ACTIVITY HOURS EXPEDITION/EXPLORATION

Describe your goal: _____

Describe your activities to achieve your goal: _____

How did you maintain a record of your activities?

☐ Journal ☐ Diary ☐ Time Sheets ☐ Photographs ☐ Other

Did you share these records with your validator?

Yes _____ No _____

Date begun: _____ Date completed: _____ Total hours: _____

How did this experience challenge you? _____

How were you immersed in an unfamiliar culture or surroundings? _____

Validator Comments: _____

Validator Information:

Name: _____

Address: _____ Phone: _____ (H)

_____ E-mail: _____

Position: _____

I certify that the hours, activities and goal as stated above were completed by the candidate:

Signed: _____ Date: _____

Validator's Signature

Remember: If you have more than one goal, you must complete a separate sheet for each goal. No more than four goals are allowed in Voluntary Public Service and no more than 2 goals, each, in Personal Development and Physical Fitness.

The Congressional Award Record Book

Candidate: _____

EXPEDITION/EXPLORATION

Directions: Use this form to record your expedition/exploration activities. These may include preparatory meetings and training, as well as the expedition activity itself.

Candidate's Name: _____

DATE _____

ENTRY (what you did)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Make copies of this page as needed